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IN CONFIDENCE

1. SURVEY 4 0
   PSU
   BLOCK
   DWELLING
   HOUSEHOLD
   PERSON

AUSTRALIAN BUREAU OF STATISTICS

POPULATION SURVEY

NOVEMBER 1983

CHILD'S QUESTIONNAIRE

2. SEX
   Male 1
   Female 2

3. AGE
   Less than one year 99
   One year or more

4. COUNTRY OF BIRTH
   Australia *(Go to Q.6)* 01
   U.K. and Ireland 02
   Italy 03
   Greece 04
   Yugoslavia 05
   Holland 06
   Germany 07
   New Zealand 08
   Other . . . . .

5. YEAR OF ARRIVAL

6. *Interviewer: Enter person number of responsible person answering for this child.*
   Person no.

7. *Interviewer: Go to Q.8. Enter number of children when editing.*
   No. of children aged 0-14.

8. *Sequence Guide*
   . *If responsible person answering for this child has already completed a Child's Questionnaire, go to Q.14* . . 1
   . *Otherwise, go to Q.9* 2

9. AT WHAT AGE DID YOU LEAVE SCHOOL?
   Never went to school *(Go to Q.13)* 1
   Under 14 years *(Go to Q.11)* . . 2
   14 years *(Go to Q.11)* 3
   15 years *(Go to Q.11)* 4
   16 years 5
   17 years 6
   18 years or more 7

10. DID YOU ATTEND THE HIGHEST YEAR OF SECONDARY SCHOOL AVAILABLE, OR DID YOU LEAVE SCHOOL BEFORE THAT?
    Highest year secondary . . 1
    Other 2

11. SINCE LEAVING SCHOOL, HAVE YOU OBTAINED A CERTIFICATE, DIPLOMA, DEGREE OR ANY OTHER QUALIFICATION?
    Yes 1
    No *(Go to Q.13)* 2

12. *Interviewer:*
    Show WHITE prompt card
    WHICH OF THESE GROUPS BEST DESCRIBES THE HIGHEST QUALIFICATION YOU HAVE OBTAINED?
    Code 1 —
    Bachelor degree or higher . . 1
    Code 2 —
    Trade/Technical Certificate . . 2
    Code 3 —
    Hobby courses 3

13. THE FOLLOWING QUESTIONS ARE ABOUT *(name of child).*
    IS ..... COVERED FOR DENTAL EXPENSES BY PRIVATE HEALTH INSURANCE?
    Yes 1
    No 2
    Don't know 3

14. *Sequence Guide*
    . *If child aged less than 2 years, go to Q.44* 1
    . *If child aged 2 or 3 years, go to Q.15* 2
    . *If child aged 4, 5, or 6 years, go to Q.16* 3
    . *If child aged 7 to 11 years, go to Q.17* 4
    . *Otherwise, go to Q.25* . . 5

15. HAS ..... EVER SEEN ANYONE ABOUT ..... TEETH OR GUMS?

- Yes *(Go to Q.25)* 1
- No *(Go to Q.44)* 2

16. DOES ..... GO TO SCHOOL?

- Yes 1
- No *(Go to Q.24)* 2

17. IS THE SCHOOL DENTAL SERVICE AVAILABLE THROUGH ..... SCHOOL?

- Yes 1
- No *(Go to Q.24)* 2
- Don't know *(Go to Q.24)* . . 3
- Doesn't go to school *(Go to Q.24)* 4

18. IS ..... ENROLLED IN THE SCHOOL DENTAL SERVICE?

- Yes 1
- No 2
- Don't know 3

19. HAS ..... EVER HAD A CHECKUP OR TREATMENT FROM THE SCHOOL DENTAL SERVICE?

- Yes *(Go to Q.21)* 1
- No 2
- Don't know *(Go to Q.24)* . . 3

20. WHAT IS THE MAIN REASON ..... HAS NOT USED THE SCHOOL DENTAL SERVICE?

- No problems with teeth *(Go to Q.24)* 1
- Use private/family dentist *(Go to Q.24)* 2
- Other *(Go to Q.24)* 3

21. HOW LONG IS IT SINCE ..... USED THE SCHOOL DENTAL SERVICE?

- 2 weeks ago or less *(Go to Q.29)* 1
- More than 2 weeks to 6 months 2
- More than 6 months to 12 months 3
- More than 12 months to 18 months 4
- More than 18 months to 3 years 5
- More than 3 years to 5 years . . 6
- More than 5 years 7
- Don't know *(Go to Q.25)* . . 8

22. HAS ..... SEEN ANYONE AT ALL ABOUT ..... TEETH OR GUMS SINCE THEN?

- Yes *(Go to Q.25)* 1
- No 2

23. *Sequence Guide*

- *If '2' or '3' in Q.21, go to Q.29* 1
- *Otherwise, go to Q.28* . . 2

24. HAS ..... EVER SEEN ANYONE ABOUT ..... TEETH OR GUMS?

- Yes 1
- No *(Go to Q.26)* 2

25. HOW LONG IS IT SINCE ..... LAST SAW ANYONE AT ALL ABOUT ..... TEETH?

- 2 weeks ago or less *(Go to Q.29)* 1
- More than 2 weeks to 6 months *(Go to Q.29)* 2
- More than 6 months to 12 months *(Go to Q.29)* . . 3
- More than 12 months to 18 months *(Go to Q.28)* . . 4
- More than 18 months to 3 years *(Go to Q.28)* 5
- More than 3 years to 5 years *(Go to Q.28)* 6
- More than 5 years *(Go to Q.28)* 7
- Never *(Go to Q.26)* 8
- Don't know *(Go to Q.29)* . . 9

26. WHAT IS THE MAIN REASON ..... HAS NEVER SEEN ANYONE ABOUT ..... TEETH?

- No problems with teeth . . 1
- Too young 2
- Too expensive 3
- Other 4

27. *Sequence Guide*

- *If child aged 7 years or more, no more questions* 1
- *Otherwise, go to Q.44* . . 2

28. WHAT IS THE MAIN REASON ..... HAS NOT SEEN ANYONE ABOUT ..... TEETH IN THE LAST 12 MONTHS?

- No problems with teeth . . ☐ 1
- Too expensive . . . . . ☐ 2
- Other . . . . . ☐ 3

29. HOW OLD WAS ..... WHEN ..... FIRST SAW SOMEONE ABOUT ..... TEETH?

- Less than 3 years . . . . ☐ 1
- 3 years and less than 5 years . . ☐ 2
- 5 years and less than 7 years . . ☐ 3
- 7 years or more . . . . . ☐ 4
- Don't know . . . . . ☐ 5

30. *Sequence Guide*

- *If child aged 6 years or more, go to Q.31* . . . . . ☐ 1
- *If Q.28 answered, go to Q.39* ☐ 2
- *Otherwise, go to Q.34* . . ☐ 3

31. HAS ..... EVER WORN BRACES OR BANDS ON ..... TEETH?

- Yes . . . . . ☐ 1
- No *(Go to Q.33)* . . . . ☐ 2
- Don't know *(Go to Q.33)* . . ☐ 3

32. IS ..... STILL WEARING THEM?

- Yes . . . . . ☐ 1
- No . . . . . ☐ 2

33. *Sequence Guide*

- *If Q.28 answered, go to Q.39* ☐ 1
- *Otherwise, go to Q.34* . . ☐ 2

34. IN THE LAST 12 MONTHS, HOW MANY TIMES HAS ..... SEEN ANYONE ABOUT ..... TEETH?

- Specify . . . . . ☐
- Don't know . . . . . ☐ 9

35. I WOULD LIKE YOU TO THINK ABOUT THE LAST TIME ..... SAW SOMEONE ABOUT ..... TEETH.

WAS THIS FOR A CHECKUP OR FOR SOME OTHER REASON?

- Checkup . . . . . ☐ 1
- Other . . . . . ☐ 2

36. AT THIS LAST VISIT DID ..... HAVE —

- ANY TEETH TAKEN OUT? . . . . . *(a)* ☐ 1
- AN X-RAY? . . . . . *(b)* ☐ 2
- ..... TEETH CLEANED OR POLISHED? . . . . *(c)* ☐ 3
- FLUORIDE TREATMENT OR COATING? . . . . *(d)* ☐ 4
- ANY FILLINGS? . . . . *(e)* ☐ 5

WHAT (OTHER) TREATMENT, IF ANY, DID ..... HAVE?

- Fitting, maintenance of braces/bands . . . . *(f)* ☐ 6
- Checkup only/ no treatment . . . . *(g)* ☐ 7
- Other *(Specify)*

.....

..... *(h)* ☐ 8

37. WAS THIS LAST VISIT AT A PRIVATE DENTAL SURGERY OR SOME OTHER PLACE?

- Private dental surgery . . . . ☐ 1
- School dental clinic . . . . ☐ 2
- Hospital . . . . . ☐ 3
- Dental clinic . . . . . ☐ 4
- Other . . . . . ☐ 5

38. AT THIS LAST VISIT, WAS ..... TREATED BY A DENTIST, OR BY SOMEONE ELSE?

- Dentist . . . . . ☐ 1
- Orthodontist . . . . . ☐ 2
- Dental Nurse . . . . . ☐ 3
- Other . . . . . ☐ 4
- Don't know . . . . . ☐ 5

39. DOES ..... CURRENTLY HAVE A DENTAL APPOINTMENT?

- Yes . . . . . ☐ 1
- No *(Go to Q.41)* . . . . ☐ 2
- Don't know *(Go to Q.41)* . . ☐ 3

40. IS THIS APPOINTMENT FOR —

- A SPECIFIC DENTAL COMPLAINT? . . . . . ☐ 1
- A CHECKUP? . . . . . ☐ 2
- Other . . . . . ☐ 3

41. DOES ..... GO FOR CHECKUPS FROM TIME TO TIME, OR DOES ..... ONLY SEE A DENTIST FOR SOME SPECIFIC PROBLEM?

- Checkup . . . . . ☐ 1
- Only for a specific problem *(Go to Q.43)* . . . . . ☐ 2
- Other *(Go to Q.43)* . . . . ☐ 3

42. HOW OFTEN DOES ..... GO FOR CHECKUPS?

- Less than once a year . . . . ☐ 1
- Once a year . . . . . ☐ 2
- Twice a year . . . . . ☐ 3
- Three or more times a year . . ☐ 4

43. *Sequence Guide*

- *If child is aged 7 years or more, no more questions* . . ☐ 1
- *Otherwise, go to Q.44* . . ☐ 2

CHILDREN'S VACCINATIONS

44. THE FOLLOWING QUESTIONS ARE ABOUT VACCINATIONS.

DO YOU HAVE ANY CARDS OR RECORDS WHICH WOULD HELP YOU TO ANSWER THESE QUESTIONS?

- Cards/Records produced . . ☐ 1
- Cards/Records not produced ☐ 2

45. HAS ..... EVER BEEN GIVEN —

- ANY TRIPLE ANTIGEN INJECTIONS? . . . . *(a)* ☐ 1
- ANY COMBINED DIPHTHERIA AND TETANUS INJECTIONS, THAT IS A CDT? . . *(b)* ☐ 2
- Don't know about all of the above *(Go to Q.47)* . . *(c)* ☐ 3
- None of the above *(Go to Q.47)* . . . . *(d)* ☐ 4

46. *Go to Q.49*

47. HAS ..... EVER HAD ANY INJECTIONS AGAINST —

- WHOOPING COUGH? . . *(a)* ☐ 1
- DIPHTHERIA? . . . . *(b)* ☐ 2
- TETANUS?. . . . . *(c)* ☐ 3
- Don't know about all of the above *(Go to Q.53)* . . *(d)* ☐ 4
- None of the above *(Go to Q.53)* . . . . *(e)* ☐ 5

48. *Sequence Guide*

- *. If '1' or '2' in Q.47, go to Q.49* ☐ 1
- *. Otherwise, go to Q.53* . . ☐ 2

49. INCLUDING BOOSTERS, HOW MANY SUCH INJECTIONS HAS ..... BEEN GIVEN?

- One . . . . . ☐ 1
- Two . . . . . ☐ 2
- Three . . . . . ☐ 3
- Four or more . . . . . ☐ 4
- Don't know . . . . . ☐ 5

50. WHERE DID ..... GO TO RECEIVE (THIS/THESE) INJECTION(S)?

- Private doctor's surgery . . ☐ 1
- Local council or baby health centre . . . . . ☐ 2
- School . . . . . ☐ 3
- Other place . . . . . ☐ 4
- Multiple places . . . . . ☐ 5
- Don't know . . . . . ☐ 6

51. *Sequence Guide*

- *. If child aged 4 years or more, go to Q.52* . . . . . ☐ 1
- *. Otherwise, go to Q.53* . . ☐ 2

52. HAS ..... HAD (THIS/ANY OF THESE) INJECTION(S) SINCE ..... TURNED FOUR?

- Yes . . . . . ☐ 1
- No . . . . . ☐ 2
- Don't know . . . . . ☐ 3

53. HAS ..... EVER BEEN GIVEN ANY VACCINATIONS AGAINST POLIO?

- Yes . . . . . ☐ 1
- No *(Go to Q.58)* . . . . ☐ 2
- Don't know *(Go to Q.58)* . . ☐ 3

54. INCLUDING BOOSTERS, HOW MANY POLIO VACCINATIONS HAS ..... RECEIVED?

- One . . . . . ☐ 1
- Two . . . . . ☐ 2
- Three . . . . . ☐ 3
- Four or more . . . . . ☐ 4
- Don't know . . . . . ☐ 5

55. WHERE DID ..... GO TO RECEIVE (THE/THESE) VACCINATION(S)?

- Private doctor's surgery . . ☐ 1
- Local council or baby health centre . . . . . ☐ 2
- School . . . . . ☐ 3
- Other place . . . . . ☐ 4
- Multiple places . . . . . ☐ 5
- Don't know . . . . . ☐ 6

56. *Sequence Guide*

- *. If child aged 4 years or more, go to Q.57* . . . . . ☐ 1
- *. Otherwise, go to Q.58* . . ☐ 2

57. HAS ..... HAD (THIS/ANY OF THESE) POLIO VACCINATION(S) SINCE ..... TURNED FOUR?

- Yes . . . . . ☐ 1
- No . . . . . ☐ 2
- Don't know . . . . . ☐ 3

58. *Sequence Guide*

- *. If child aged less than 1 year, no more questions* . . . . ☐ 1
- *. If '4' in Q.49, go to Q.61* . . ☐ 2
- *. If '1', '2' or '3' in Q.49, go to Q.59A* . . . . . ☐ 3
- *. If '5' in Q.47, go to Q.59B* . . ☐ 4
- *. Otherwise, go to Q.61* . . ☐ 5

59A. ALTHOUGH IT IS RECOMMENDED THAT CHILDREN HAVE 4 INJECTIONS AGAINST WHOOPING COUGH AND DIPHTHERIA, MANY PEOPLE ARE NO LONGER DOING THIS.

WHAT IS THE MAIN REASON ..... HAS NOT HAD FOUR OF THESE INJECTIONS?

59B. ALTHOUGH IT IS RECOMMENDED THAT CHILDREN HAVE INJECTIONS AGAINST WHOOPING COUGH AND DIPHTHERIA, MANY PEOPLE ARE NO LONGER DOING THIS.

WHAT IS THE MAIN REASON ..... HAS NOT HAD ANY OF THESE INJECTIONS?

- Too young . . . . . ☐ 1
- Had the full course . . . . ☐ 2
- Didn't get around to it . . ☐ 3
- Doctor/Health Centre looks after it . . . . . ☐ 4
- Missed out/child was sick when they were being given . . . . ☐ 5
- Don't believe in vaccinations . . ☐ 6
- Didn't know about this vaccination . . . . . ☐ 7
- Other . . . . . ☐ 8

60. *Go to Q.63*

61. *Sequence Guide*

- *If '3' OR '4' in Q.54, go to Q.63* . . . . . ☐ 1
- *If '1' OR '2' in Q.54, go to Q.62A* . . . . . ☐ 2
- *If '2' in Q.53, go to Q.62B* . . ☐ 3
- *Otherwise, go to Q.63* . . ☐ 4

62A. ALTHOUGH IT IS RECOMMENDED THAT CHILDREN HAVE 3 POLIO VACCINATIONS MANY PEOPLE ARE NO LONGER DOING THIS.

WHAT IS THE MAIN REASON .....: HAS NOT HAD THREE POLIO VACCINATIONS?

62B. ALTHOUGH IT IS RECOMMENDED THAT CHILDREN BE VACCINATED AGAINST POLIO, MANY PEOPLE ARE NO LONGER DOING THIS.

WHAT IS THE MAIN REASON ..... HAS NOT HAD ANY POLIO VACCINATIONS?

- Too young . . . . . ☐ 1
- Had the full course . . . . ☐ 2
- Didn't get around to it . . ☐ 3
- Doctor/Health Centre looks after it . . . . . ☐ 4
- Missed out/child was sick when they were being given . . . . ☐ 5
- Don't believe in vaccinations . . ☐ 6
- Didn't know about this vaccination . . . . . ☐ 7
- Other . . . . . ☐ 8

63. HAS ..... BEEN GIVEN ANY INJECTIONS AGAINST —

- MUMPS? . . . . . *(a)* ☐ 1
- MEASLES? . . . . *(b)* ☐ 2
- Don't know about all of above *(No more questions)* . . *(c)* ☐ 3
- None of the above *(Go to Q68)* . . . . . *(d)* ☐ 4

64. WHERE DID ..... GO TO RECEIVE (THIS/THESE) INJECTIONS

- Private doctor's surgery . . ☐ 1
- Local council or baby health centre . . . . . ☐ 2
- School . . . . . ☐ 3
- Other place . . . . . ☐ 4
- Multiple places . . . . . ☐ 5
- Don't know . . . . . ☐ 6

65. *Sequence Guide*

- *If '1' AND '2' in Q.63, go to Q.66* . . . . . ☐ 1
- *If '1' in Q.63, go to Q.68* . . ☐ 2
- *Otherwise, no more questions* ☐ 3

66. WAS ..... GIVEN A COMBINED MEASLES-MUMPS INJECTION OR DID ..... HAVE AN INJECTION FOR MUMPS AND A SEPARATE INJECTION FOR MEASLES?

- Combined injection . . . . ☐ 1
- Separate injections . . . . ☐ 2
- Don't know . . . . . ☐ 3

67. *No more questions*

68. ALTHOUGH IT IS RECOMMENDED THAT CHILDREN HAVE AN INJECTION AGAINST MEASLES, MANY PEOPLE ARE NOT DOING THIS.

WHAT IS THE MAIN REASON ..... HAS NOT HAD A MEASLES INJECTION?

- Already had measles . . . . ☐ 1
- Child is/may be allergic to this injection . . . . . ☐ 2
- Too young . . . . . ☐ 3
- Missed out/child was sick when they were being given . . . . ☐ 4
- Doctor/Health centre looks after it . . . . . ☐ 5
- Don't believe in vaccinations. . ☐ 6
- Didn't know about this vaccination . . . . . ☐ 7
- Other . . . . . ☐ 8